

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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MARGARITA GONZALEZ,

Docket No.: 08 CV 01989

Plaintiff,

-against-

STOP & SHOP, STORE "500",

Defendants.  
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**FEDERAL RULES OF  
CIVIL PROCEDURE  
RULE 26 DISCLOSURE**

PLEASE TAKE NOTICE, that Defendant, **THE STOP & SHOP SUPERMARKET COMPANY, LLC i/s/h/a STOP & SHOP, STORE "500"**, by its attorneys, **AHMUTY, DEMERS & McMANUS, ESQS.**, in response to automatic disclosure of Fed. R. Civ. P. Rule 26, alleges the following under information and belief based:

**WITNESSES-Fed. R. Civ. 26(a)(1)(A)**

Defendant names the following witnesses to the events immediately following the incident. Stop & Shop employee: Penny Lopez – Ms. Lopez is employed at 28 Harrison St., New Rochelle, NY 10801.

**Fed. R. Civ. 26(a)(1)(B) ACCIDENT REPORTS**

Annexed hereto is a copy of the incident report concerning Plaintiff's accident.

**Fed. R. Civ. (a)(1)(A)**

This section is not applicable to Defendant.

**Fed. R. Civ. (a)(1)(D) INSURANCE**

On the date of the incident, Stop & Shop had a fully fronted General Liability Policy of \$2,000,000 per occurrence issued by Illinois Union Insurance Company, Policy #HDO

G19904726, with a self insured retention of \$ 2,000,000 and an excess policy issued by XL Insurance America, Inc., Policy #US00005363LI04A, with limits of \$25,000,000 per occurrence. Answering Defendant will make available the insurance agreements to Plaintiff for inspection and copying upon request.

**Fed. R. Civ. (a)(1) EXPERT WITNESSES**


At this time, Defendant has not retained an expert on liability or damages but reserves the right to retain same at a latter date. If and when an expert is retained this information will be exchanged under separate cover pursuant to the Federal Rules of Civil Procedure and any time limit set forth in the Judge's Preliminary Pre-Trial Order.

**Fed. R. Civ. (a)(3) – Pre Trial Disclosure**

Pretrial disclosure is not yet required under the deadlines set forth by this Rule or any Judge's Preliminary Pre-Trial Order.

Defendant reserves the right to amend and/or supplement this response up to and including the time of trial.

Dated: Albertson, New York  
April 10, 2008

By:   
\_\_\_\_\_  
PAUL ESCHMANN, ESQ. (5729)  
AHMUTY, DEMERS & McMANUS, ESQS.  
Attorneys for Defendant,  
**THE STOP & SHOP SUPERMARKET  
COMPANY, LLC i/s/h/a STOP & SHOP,  
STORE "500"**  
200 I.U. Willets Road  
Albertson, New York 11507  
(516) 294-5433  
**Our File No.: SAS0201N8PAE**

TO: Robert Fassberg, Esq.  
Crowe & Fassberg, P.C.  
Attorney for Plaintiff,  
Margarita Gonzalez  
3000 Marcus Avenue, Ste. 1E5  
Lake Success, N.Y. 11042  
(516) 570-4012

DOF/0000049238/01

**MAC Risk Management, Inc.**  
P.O. Box 200001  
Woodstock, GA 30189-0400

## CUSTOMER REPORT OF INCIDENT OR INJURY

Stop&amp;Shop Supermarket form#73-1790

Address:		STORE # 500	
		28 Harrison St	
		New Rochelle Ny 10801	
1. DATE CUSTOMER REPORTED:	9/25/07	Actual Date of Incident:	9/25/07
2. NAME OF INJURED PERSON:	Margarita Gonzales		
SOCIAL SECURITY NUMBER:	n/a	DATE OF BIRTH:	n/a
HOME ADDRESS:	n/a	Appt #	n/a
HOME TELEPHONE NUMBER:	(914) 538-7796	Zip Code	00000
CELL PHONE NUMBER:	(718) 792-3496	Call Phone #	(000) 000-0000
3. NON-EMPLOYEE WITNESS PRESENT:			
Name:			
Address:			
Telephone:			
Name:			
Address:			
Telephone:			
4. Employee Witnesses: Enter Names and complete reverse side of this report:			
5. Date of Incident	9/25/07	6. Exact Time:	5pm
7. Weather	clear	85	
8. Exact Location of Incident:	frozen foods		
9. Name and Address of Vendor, Manufacturer or Supplier of Product or Machine Involved in Incident:			
10. Description of Injury: back pain			
11. Where taken? Name & Dr. of Hospital: n/a			
How transported? n/a			
12. Did you witness incident? no			
13. If no, who informed you of incident? Customers husband			
14. Address of Informant (From #13): n/a			
15. Did you inspect location immediately after incident? Yes			
16. Exact Time: 5pm			
17. Were photos of location taken? n/a			
17B: Did you check for video tape, indicate findings? n/a			
18. Was location clean? no			
19. Dry? no			
20. Describe Conditions of Substances, if any, relating to the Accident: Water leak from frozen foods case			
21. Type of Floor: tile			
22. Describe Lighting Conditions: bright			
23. Was injured person wearing glasses? no			
24. Describe type shoes? flat sandal			
25. Carrying bundles or other objects? pushing shopping cart			
26. Injured Person's Story of How Incident Occurred: Describe Below for additional comments go to the bottom of this form.			
Customer stated she slipped and almost fell on water in aisle. husband caught wife so she did not fall, customer states she felt something in her back, husband stated wife has previous bad back.			
To Be Completed if the injured person slipped or fell:			
27. Is the company responsible for maintaining incident location? yes			
If not, who?			
28. If yes, describe the time schedule for cleaning location: hourly			
29. Time last cleaned: 4:15			
* If Question Not Applicable, Answer N/A			
This report was completed by: Perry Lopez			
STORE MANAGER'S NAME: Perry Lopez			
Date completed and transmitted: 9/26/07			

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EMPLOYEES REPORT	
30. Name:	
31. Address:	
32. How soon after incident did you inspect location?	
33. Location clean?	
34. Describe Lighting:	
35. Describe any conditions or substances which may be related to incident:	
36. Customer wearing glasses?	37. Type and condition of shoes:
38. Any bundles?	39. Where were you when incident occurred?
40. Did you see incident?	
41. If so, describe fully:	

42. Customer's Comments:	
* If Question not applicable, answer n/a	
Signature:	
Printed Name:	

EMPLOYEES REPORT	
43. Name:	
44. Address:	
45. How soon after incident did you inspect location?	
46. Location clean?	
47. Describe Lighting:	
48. Describe any conditions or substances which may be related to incident:	
49. Customer wearing glasses?	50. Type and condition of shoes:
51. Any bundles?	52. Where were you when incident occurred?
53. Did you see incident?	
54. If so, describe fully:	
55. Customer's Comments:	
* If Question not applicable, answer n/a	
Signature:	
Printed Name:	

## TELEPHONE REPORT (if applicable)

Reported To:	
By:	
Date:	Time:
Report to made within 30 minutes of accident.	

Remarks/Comment:

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